

TLC CARE HOMES BLAMSTERS RESIDENTIAL LIMITED

18 Acorn Avenue

Inspection report

18 Acorn Avenue
Halstead
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05 June 2023
13 June 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

18 Acorn Avenue provides accommodation with personal care for up to 3 people with a learning disability or who are autistic. At the time of this inspection there were 2 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people. Providers must have regard to the guidance. People's experience of using this service and what we found.

People's experience of using this service and what we found

18 Acorn Avenue is situated in a residential area. There was nothing outside to show it was a care home. The building was a similar size to other properties with a garden, which people have access to. Internally the premises were spacious and well designed for the people living there.

Right support

The service had enough staff, including for 1-to-1 support for people to keep them safe and take part in activities, when they wanted. The numbers and skills of staff matched the needs of people using the service.

Staff showed a genuine interest in people's well-being and quality of life. They were kind, caring and nurturing and as a result we saw people were at ease, happy, engaged and stimulated. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services to promote their wellbeing and help them to live healthy lives. Staff managed risks to minimise restrictions, focusing on what people could do for themselves. Systems were followed by staff to ensure medicines were managed safely. However, we have made a recommendation about the safe storage of medicines.

Right Care:

Staff delivered care in line with information in people's care plans and recognised models of care for people with a learning disability or autistic people. This ensured people were receiving care tailored to them which promoted a good quality of life.

Staff understood people's individual communication styles and we saw they had developed a good rapport with them. People were supported to develop and maintain relationships, follow interests and take part in activities that were socially and culturally relevant to them.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The registered manager worked well with other agencies to safeguard people. Investigations into incidents had been used as an opportunity to learn lessons, change practice, and drive improvement.

Staff recruitment, induction and training processes promoted safety, including those for agency staff. People were supported by staff who had received a wide range of relevant and good quality training to meet their needs.

The service had effective infection, prevention and control measures to keep people safe, including good arrangements for keeping the premises clean and hygienic.

Right Culture:

The registered manager had worked hard to instil a culture of care where staff felt truly valued. There was a transparent, open and honest culture between people, those important to them, staff and managers. The attitudes and behaviours of the manager and staff ensured people using the service lead inclusive and empowered lives. Staff understood their role in making sure that people were always put first. They provided person centred care and sought to protect and promote people's rights.

The service had effective governance arrangements in place to assess the quality and safety of the service. These were used to identify and drive improvement. Systems were in place to apologise to people, and those important to them, when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 04 February 2022). At this inspection we found improvements had been made and the overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Why we inspected

This was a focused inspection to check the provider had made improvements in relation to the Key Questions Safe and Well-led and prompted by a review of the information we held about this service to assure ourselves people were receiving safe, good quality care.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 18 Acorn Avenue on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

18 Acorn Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

18 Acorn Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 18 Acorn Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 05 June 2023 and ended on 13 June 2023. We visited the location on 05 June

2023, and made telephone calls to people's relatives on 08 and 13 June 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time with 1 person using the service and spoke with 2 relatives about their experience of the care provided. We spoke with 1 member of staff, the registered manager and the area manager responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including 1 person's care plan, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to communicate with people about safeguarding matters and explore their feelings following investigation, and the impact this had on their wellbeing.
- Photographs, pictures, and people's preferred communication methods were used to discuss issues of concern, alongside access to safeguarding information in an easy read format.
- Relatives told us their family members were kept safe from harm because staff knew them well and understood how to protect them from abuse. One relative commented, "My [family member] appears to trust staff, I have never seen any staff be horrible to them, everyone knows how to deal with their 'moments'. I feel they are very safe, never felt worried about them, when I visit, they tell me to go home, for me that says they are happy there."
- Staff had training on how to recognise and report abuse and knew how to apply their training to keep people safe.
- Incidents affecting people's safety were managed well. Staff recognised incidents and reported them appropriately. The area manager provided a copy of an 'Outcome and Learning Log' which showed incidents were investigated and lessons learned were shared across the organisation.

Preventing and controlling infection

- The previous inspection identified due to delays in maintenance and upgrading of the property it was challenging for staff to minimise the risk of infection. At this inspection we found improved processes for managing maintenance had been implemented. The premises had also been refurbished throughout, enabling staff to keep the premises clean and hygienic.
- Effective infection, prevention and control measures were in place to keep people safe, and staff supported people to follow them. Staff used personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy linked to current best practice guidance and was up to date.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because safety was assessed, monitored and managed well. The living environment and equipment in it was being routinely checked, with action taken to address any defects to minimise risks to people.
- People's care records contained a range of risk assessments designed to maximise their independence and help them get the support they needed to keep safe.
- Positive risk taking was promoted to encourage people to take part in activities of interest. One relative told us, "My [Family member] goes to the cinema, swimming, pub lunches, bowling and goes out to get a

paper every day. They are always out and about doing something, not stuck in doors all day."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any restrictions on people's freedom resulted from personalised risk assessments and conditions related to DoLS authorisations were being met.
- People lived safely and free from unwarranted restrictions. The registered manager told us, previous restrictive practices such as locking the kitchen door had been removed to enable people to access their kitchen and be involved in preparing food and drinks. One relative commented, "Since [family member] has been living at the service, they have been encouraged to do more for themselves, such as changing and making their own bed, and loves being in the kitchen, they are always in the kitchen."

Staffing and recruitment

- The previous inspection found recruitment challenges had resulted in high use of agency staff. Relatives told us, staffing had been an issue but felt this was being addressed. One relative commented, "They do struggle at times, a lot of staff leave, but there are at least 2 or 3 staff whenever I visit."
- We observed the service had enough staff. The numbers and skills of staff matched the needs of people using the service, including for 1-to-1 support to enable people to go on holiday and take part in activities how and when they wanted.
- The registered manager confirmed the service was now fully staffed and were using very little agency which provided consistency for both people using the service. One member of staff told us, "We have a good little team here now, we all get on well, we do sometimes use agency to cover holidays and sickness. Morale is much better."
- Systems in place ensured the right staff were recruited to support people to stay safe, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.

Using medicines safely

- Staff followed systems to administer, record and store medicines. However, temperature checks of the medicine's cabinet in the office, showed these exceeded the recommend 25°C some days, especially in the hotter weather. If medications are not stored properly, they may not work.

We recommend the provider consider current guidance on the safe storage of medicines and take action to update their practice accordingly.

- The registered manager was aware of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). People's medicines were reviewed on a regular basis to check the effects on their health and wellbeing and ensure their behaviour was not controlled by excessive and inappropriate use of medicines.
- Where medicines had been prescribed for people on an 'as and when needed' (PRN) basis protocols were

in place setting out the steps staff must take.

Visiting in care homes

Relatives told us they were able to visit the service when they wanted, with no restrictions in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The previous inspection found staff morale was low due to staffing issues, high use of temporary agency and organisational changes.
- This inspection found, improved staffing levels and consistent management had improved staff morale, which in turn had improved outcomes for people using the service. The registered manager told us, "The service is in a better place, we have successfully recruited a full staff team, which provides consistency for the people using the service, they know who is caring for them."
- The registered manager had worked hard to instil a culture of care where staff felt truly valued and which promoted people's individuality, protected their rights and enabled them to develop and flourish. One relative commented, "It's a friendly service, always a hello, there is no animosity, it's a lovely place, it's the best place for my [family member], they are happy."
- Staff told us they felt respected, supported, and valued by the registered manager which supported a positive culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and had good oversight of the service.
- Staff understood their roles and responsibilities, were motivated, and had confidence in the registered manager.
- Changes within the company had led to improved oversight of quality and safety. The décor internally had improved, with better maintenance systems to keep on top of repairs, and ensure they continued to be completed in a timely manner.
- Effective governance arrangements were in place to assess the quality and safety of the service. This included a range of audits carried out by the providers quality team and the registered manager. These identified what was working well, where there were gaps, and the actions needed to make the required improvements.
- Where improvements had been identified this fed into a service improvement plan, which was being monitored by senior managers.
- The area manager attended monthly regional quality, risk and governance meetings which provided the

opportunity for identifying trends across services. The outcomes of investigations were discussed, and lessons learned shared across the organisation to prevent similar incidents happening again.

- The provider had systems in place to apologise to people, and those important to them, when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- However, relatives told us the registered manager could communicate with them better to keep them up to date about their family member. Comments included, "The manager doesn't communicate with me, which makes me feel left out the loop," and "The manager needs to learn how to communicate with me better." The area manager stated they were looking to set up regular family forums to improve engagement.
- People were provided with the opportunity to be involved in decisions about their home and the support they received. Regular residents' meetings took place for people to have their say.
- Photographs and picture boards had been developed to support people to communicate their choices about what they ate, activities, holidays, and décor of their rooms, the house and the garden.
- A monthly staff newsletter was provided keeping staff up to date with what was happening in the organisation.
- The provider sought feedback from people and those important to them and staff. The most recent surveys had been completed between July and October 2022, which identified where some improvements were needed. A 'You Said, We Did' section included updates on actions taken to make those improvements.
- People's records showed staff worked well with health professionals, stakeholders and advocates where needed.